



# Bromide Report

**I. PWS INFORMATION:** Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	<input type="text"/>	City / Town:	<input type="text"/>
PWS Name:	<input type="text"/>	PWS Class:	COM <input type="checkbox"/> NTNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
			(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						

**II. ANALYTICAL LABORATORY INFORMATION:**

Primary Lab MA Cert. #:	<input type="text"/>	Primary Lab Name:	<input type="text"/>	Subcontracted? (Y/N)	<input type="text"/>
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BROMIDE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#	Analysis Lab MA Cert#	Analysis Lab Name
A		none					
B		none					

For community and non-transient non-community systems using ozone for disinfection or oxidation, monthly source (raw) water BROMIDE sampling is required to qualify for and remain on reduced Bromate monitoring. (Effective until 12/31/2008).

The running annual average source water bromide concentration must remain less than 0.05 mg/l.

Bromide analysis does not require the use of a Massachusetts or EPA certified laboratory.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		